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AUTHOR Shapiro, Johanna
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ABSTRACT

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SOCIALIZATION OF SEX ROLES

IN THE COUNSELING SETTING:

Differential Counselor Behavioral and Attitudinal Responses to Typical and Atypical Female Sex Roles

Johanna Shapiro

Stanford University

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ABSTRACT

Counseling and therapy have frequently been attacked by feminists for the role they play in socializing women to a limited and ultimately untenable sex role. Male counselors in particular have been singled out as special oppressors of women. This study attempted to determine whether, in fact, counselor behavior and attitudes operated as a means of sex-role socialization, and whether male counselors tended to be more biased than female counselors when interacting with female clients. Subjects were eight male and eight female graduate students in counseling psychology who conducted initial interview sessions with two client-confederates, trained in role-playing situations representing a typical and an atypical sex-role condition. Videotapes of the interviews were subsequently analyzed to assess counselor reinforcement patterns of specific client cue sentences. In addition to these behavioral data, paper-and-pencil inventories were used to determine counselors' perception of clients, counselors' degree of attitudinal sex-stereotyping, and client-confederates' subjective evaluation of counselors. Contrary to expectations, results indicated that counselors as a whole exhibited more behavioral bias with typical than with atypical clients. Further, counselors reacted more positively toward the atypical than toward the typical clients, and counselor response to a global sex-role inventory indicated that counselors described the healthy well-adjusted female as significantly more instrumental than the healthy, well-adjusted male. Female counselors appeared to be both more reinforcing and less punishing than male counselors with female clients in both roles, as well as less behaviorally biased than the male counselors. Female counselors also evaluated the atypical clients more positively than did the male counselors, and were, in turn, evaluated more positively than were the male counselors by clients in both roles. The study concludes with a discussion of implications for counselor training and directions for further research.

In the last decade, a great hue and cry has been raised over the inadequacies of existing counseling and therapeutic methods in meeting the needs of contemporary women (Friedan, 1963; Greer, 1971; Chesler, 1972). Concomitantly, demands for new feminist therapies have flourished (Gardner, 1971; Rice and Rice, 1973). However, at the present time, much confusion exists as to the content and purpose of these new therapies. The present study attempts to identify deficiencies in the traditional counseling process when applied to typical and atypical women clients, as well as to suggest some criteria for modification and improvement.

Examination of both traditional psychological theory (Freud, in Roszak, 1969) and contemporary clinician attitudes (Broverman et al., 1971; Fabrikant et al., 1974) suggests that the image of woman in psychology continues to be stereotyped and limited, reflecting the unrealistically narrow sex role to which women have been consigned by the larger society. Sociologically, the dissatisfaction of feminists with psychotherapy may be attributed to the nature of therapy itself, whose true function may be less the fulfillment of individual needs and more a form of socialization aimed at adjusting individuals to conform to well-defined social roles (Berger and Luckman, 1966; Katz, 1972; Hurvitz, 1973). An instance of this hypothesis relevant to sex roles may be stated as follows: Women who do not exhibit sex-role conformity will be treated as deviant by therapists (especially male therapists), and will be encouraged to adopt more appropriate sex-role attitudes and behaviors, based on the therapists' own stereotyped views of the mentally healthy female. In this way, counseling may be regarded as an institution of sex-role socialization.

Most studies relevant to this hypothesis now in the literature (cf. Thomas and Stewart, 1971) rely on paper-and-pencil assessment of counselor reaction to traditional and nontraditional female clients. In the present study, it was decided to retain this component and, in addition, to examine client perception of the counselors. Inspection of the literature also shows that counselor global attitudes toward sex roles have been widely used to document clinician bias against women (cf. Broverman et al., 1971). Therefore, in the present study, it was decided to assess counselor attitudes toward the healthy, well-adjusted male and female. However, in addition to paper-and-pencil responses, it seemed important to examine actual clinician behavior directly. Based on a now-classic study (Truax, 1966), it was assumed that the counseling process reflects principles of verbal conditioning (Greenspoon, 1962), and that, usually nonconsciously, counselors influence and modify client verbal behavior through a process of selective verbal and nonverbal reinforcement and extinction. Analysis of this shaping process seemed likely to provide important behavioral evidence of the occurrence of sex-role socialization in the counseling setting. Thus the present study sought to identify both behavioral and attitudinal evidence of sex-role socialization on the part of the counselor, as well as contribute information to the current controversy regarding the relative efficacy of same-sex counseling.

Along these lines of inquiry, several broad questions were raised:

1. Do clinicians in fact exhibit differential behavior and/or attitudes toward typical and atypical[1] female clients? In response to this question, a heuristic model was posited in which it was assumed that counselors value sex-role conformity. Therefore, behaviorally, counselors would attempt to shape clients, particularly atypical clients, toward such conformity. Thus, counselors would exhibit more behavioral bias toward the atypical than toward the typical client. Attitudinally, counselors would react more favorably to the typical clients (who conformed to their appropriate sex role) than to the atypical clients

(who did not). Further, counselors who reacted more favorably toward a client would also be more responsive and understanding with that client, and consequently would receive more positive evaluation from the typical than from the atypical client.

2. What behavioral and/or attitudinal differences, if any, exist between male and female counselors? To aid in generating hypotheses, two alternative models were formulated. The first argued that female counselors, more than male counselors, had developed the necessary "raised consciousness" to avoid the sex-role socialization pitfalls of the counseling process (cf. Gardner, 1971). Thus, female counselors would value sex-role nonconformity more than would male counselors, and would be behaviorally less biased. In terms of their client perception, it was predicted that female counselors would like the atypical client more than would the male counselors, and the typical client less than would the male counselors. Reciprocally, atypical clients would evaluate female counselors more positively, and typical clients would evaluate female counselors less positively than they would their male counterparts.

The second model, based on literature documenting greater same-sex than opposite-sex empathy (Olesker and Balter, 1972; Meyer and Slobieszek, 1972), suggested that female counselors would be more reinforcing and supportive of other females than would male counselors, regardless of client role. Thus, behaviorally, female counselors would be more reinforcing and less extinguishing than male counselors with both typical and atypical clients. Attitudinally, female counselors would respond more positively than would male counselors to both types of clients, and this response would be reflected in the clients' higher evaluation of female than of male counselors.

3. What are current clinician views of the Healthy, well-adjusted male and the healthy, well-adjusted female? Based on previous findings in the literature (Broverman, 1971; Bem, 1974), it was predicted that counselors would

describe the healthy, well-adjusted female as characterized by predominantly feminine qualities, and the healthy, well-adjusted male as characterized by predominantly masculine qualities.

4. What is the relation between clinician sex-role attitudes, his/her paper-and-pencil perceptions of clients, and his/her specific situational behavior with a female client? In other words, to what extent are counselor statements about clients in particular or about sex roles in general a good predictor of counselor behavioral bias? The following predicitons were based on the general model that counselors' attitudinal bias would be reflected in their actual counseling behavior. The more a counselor perceived the typical client to be adjusted, appropriate, and likable, the greater would be his/her behavioral bias rating. Similarly, the more a counselor evaluated the atypical client as deviant and unpleasant, the greater would be his/her behavioral bias rating. Finally, counselors who perceived the well-adjusted female as characterized by conventional feminine qualities, and the well-adjusted male as characterized by conventional masculine qualities would be behaviorally more biased than those who saw both healthy males and females as characterized by equal mixtures of masculine and feminine qualities.

Until questions such as the above are answered, it is nearly impossible, despite cries for new "feminist therapies," to determine what the content and method of these new therapies should be. However, once information regarding the above hypotheses and models is obtained, it will be much more feasible to identify the actual behavioral deficits and excesses of clinicians which are responsible for socializing women in therapy toward acceptance of a limited and stereotyped role. With such explicit knowledge, it will become a realistic goal to develop treatment packages aimed at modifying inappropriate therapist behavior, and thus transform the counselor from a supporter of the status quo to an agent of social change (Bem, 1971).

METHOD

Subjects

Subjects consisted of eight male and eight female trainees in a Masters level university counseling program. All eight of the female counselors and four of the male counselors listed their theoretical orientation as eclectic, while the remaining four male counselors described themselves as Rogerian. Seven of the males and six of the females had had some previous clinical experience, and all were currently enrolled in a clinical practicum.

Client-confederates and Role-play Situations

Client-confederates consisted of two female drama students, who were coached in the presentation of two role-playing situations, one of which exemplified a typical (i.e., traditional feminine) condition, the other of which was characteristic of an atypical (i.e., deviating from the traditional feminine role in a masculine direction) condition. Operational definitions of "typical" and "atypical" included 1) client appearance; 2) client verbal behavior: the presentation of several cue sentences in each situation which successfully distinguished between typical and atypical feminine behavior; and 3) client occupational choice (nurse or engineer).

Procedures and Experimental Design

Counselors were informed that they were participating in an experiment involving examination of several interaction variables in the counselor-client relationship. They were told that the clients were volunteers, and that their presenting problems were authentic. Half the male counselors and half the female counselors interviewed client-confederate 1 in the typical condition and client-confederate 2 in the atypical condition, while the remaining half of the counselors interviewed client-confederate 1 in the atypical condition and client-confederate 2 in the typical condition. A videotape was made of each client-

confederate interviewed in each role. Subsequently, videotapes were analyzed by independent raters, according to a coding instrument which consisted of 1) 12 verbal and nonverbal categories for classifying counselor responses to client cue sentences; 2) raters' subjective impressions and reactions to the tape. After each counseling interview, the counselor's general impressions of the client were obtained through a questionnaire. Client-confederate perceptions of the counselors were similarly elicited. Finally, two to three weeks after the counseling interview, counselors were asked to respond to a sex-role inventory (Bem, 1974) to determine their views of the healthy, well-adjusted male and the healthy, well adjusted female.

RESULTS

In analyzing the behavioral data, the 12 verbal and nonverbal categories of counselor behavior were grouped according to whether they reinforced or extinguished the client cue sentence. Then a behavioral bias measure was developed according to the following equation:

$$(V + NV)R+\ C - (V + NV)R+\ NC + (V + NV)E\ NC - (V + NV)E\ C$$

In this equation, R+ = reinforcement; E = extinction; V = verbal; NV = nonverbal; C = conforming cue; NC = nonconforming cue.[2] Thus, behavioral bias was operationally defined as the amount of reinforcement given to conforming cues and the amount of extinction given to nonconforming cues less the amount of reinforcement given to nonconforming cues and the amount of extinction given to conforming cues. Questionnaire data for counselors were collapsed to provide a combined index assessing favorable/unfavorable reaction to the client; while client and rater questionnaire data were collapsed to provide a similar index measuring favorable/unfavorable reaction to the counselor. T-tests were used to assess significant differences in the following variables: Counselor behavioral and attitudinal reaction to typical and atypical clients; behavioral and

attitudinal differences in response patterns between male and female counselors; counselor evaluation of the healthy, well-adjusted male and the healthy well-adjusted female; and differences between the two client-confederates. Correlation coefficients were calculated to determine the relationship between counselor behavioral bias and several variables measuring counselor attitudes toward the clients, toward sex roles in general, as well as client perception of counselors.

Quantifiable Data

The coding instrument. The coding instrument itself proved to be quite reliable. A mean rater agreement of 90.8% was obtained. A Pearson Product-Moment correlation coefficient was computed between raters for each tape, and the mean value of r for all tapes was .97. Finally, r values were obtained for each of the twelve categories, with a mean value of .79.

Behavioral data. As noted above, behavioral bias was measured by a combined index of counselor verbal and nonverbal responses to conforming and nonconforming client cue sentences. It was predicted that counselors would behave in a significantly more biased manner with the atypical than with the typical client. In fact, just the reverse pattern appeared to be true.

INSERT TABLE 1 ABOUT HERE

Counselors were significantly more biased with the typical client than with the atypical client ($t = 2.35$; $p < .025$; $df = 12$). A more detailed analysis of the data provided evidence of a trend in support of this finding.

INSERT TABLE 2 ABOUT HERE

In general, the atypical client seemed to receive more reinforcement and less extinction for nonconforming cues and more extinction (although not less verbal reinforcement) for conforming statements.

Two models were generated regarding possible differences between male and female counselors. One model hypothesized that female counselors would exhibit significantly less behavioral bias with female clients than would male counselors. Table 1 shows that, in fact, female counselors were less behaviorally biased than were male counselors, a finding which approached, but did not reach, significance ($t = 1.08$; $df = 12$). The other model predicted that female counselors would be more reinforcing and less punishing than male counselors, regardless of client role.

INSERT TABLE 3 ABOUT HERE

When data were considered independent of client role or nature of cue sentence, it was found that, in support of this hypothesis, female counselors gave significantly more verbal reinforcement ($t = 3.20$; $p < .005$; $df = 30$), more nonverbal reinforcement ($t = 3.44$; $p < .005$; $df = 30$), less verbal extinction (n.s.), and less nonverbal extinction ($t = 5.75$; $p < .0005$; $df = 30$) than did their male counterparts.

There was no significant difference in counselor behavioral bias when responding to the two client confederates.

Questionnaire data. When counselor questionnaire data were collapsed into a single scale, both male and female counselors reacted more favorably to the atypical than to the typical client, in direct contradiction of the stated hypothesis.

INSERT TABLE 4 ABOUT HERE

In a more detailed, question-by-question analysis, this trend reached significance for counselor positive/negative reaction to the client ($t = 1.83$; $p < .05$; $df = 12$). As can be seen in Table 5, female counselors evaluated the atypical

client more positively than did the male counselors, and the typical client less positively than did the male counselors.

When considering the atypical client interview condition, both clients and raters judged counselors more positively than when considering the typical client interview condition. Both raters and clients evaluated the female counselors more positively than the male counselors in interacting with both the atypical and the typical client roles.

INSERT TABLE 5 ABOUT HERE

Although no significant behavioral differences existed between counselor interaction with the two client-confederates (see Table 1), examination of the questionnaire data indicates that the two clients were perceived somewhat differently by the counselors.

INSERT TABLE 6 ABOUT HERE

In general, counselors reacted less favorably to client-confederate 2 than to client-confederate 1. A more detailed analysis revealed that this trend reached significance on two questions having to do with client adjustment ($t = 1.42$; $p < .10$; $df = 12$) and client need for counseling ($t = 2.32$; $p < .025$; $df = 12$). Interestingly enough, raters reacted more favorably to counselors interacting with client-confederate 2, and client-confederate 2 reacted consistently more favorably to the counselors than did client-confederate 1.

INSERT TABLE 7 ABOUT HERE

Differences between clinicians' views of the healthy, well-adjusted male and the healthy, well-adjusted female. Sex-role attitudes of the counselors were measured by the Bem Sex Role Inventory, a scale assessing the relative androgyny (i.e., the extent to which the individual endorses masculine and feminine items equally) of the respondent. In this study, counselors used the 60-item adjective checklist to rate the "healthy, well-adjusted male" and the "healthy, well-adjusted female" (cf. Broverman et al., 1971). In contradiction to the predicted hypothesis that females would be seen as characterized by traditionally feminine, expressive attributes, and males by traditionally male, instrumental attributes, analysis of the BSRI results indicated that the healthy, well-adjusted female was seen to be significantly more "masculine" (instrumental) than the healthy, well-adjusted male by both male and female counselors ($\bar{X}_{\text{healthy female}} = -.98$; $\bar{X}_{\text{healthy male}} = 1.25$; $t = 9.90$; $p < .0005$; $df = 14$), although both means fell within the androgynous range ($-1 \leq t \geq +1$; cf. Bem, 1974). A further finding was that female counselors rated both the healthy well-adjusted male and the healthy, well-adjusted female as significantly more "masculine" (instrumental) than did male counselors ($\bar{X}_{\text{female counselors}} = -.82$; $\bar{X}_{\text{male counselors}} = -.41$; $p < .0005$; $t = 10.82$; $df = 14$).

Correlational results. In general, there was only a minimal relationship between counselor perception of the client, client perception of the counselor, and counselor behavioral bias. For both the typical and atypical clients, correlations between counselor behavioral bias and the variables of counselor assessment of client need for counseling and appropriateness of client goals were extremely low and nonsignificant. There was almost no correlation between the counselors' evaluations of the healthy male and healthy female and their actual, *in vivo* counseling behavior ($r_{\text{female}} = .10$; $r_{\text{male}} = .13$)[3]. For the typical client, there was a significant, but negative, correlation between

counselor reaction to client and the counselor bias score. There was also a negative, but nonsignificant, correlation between the two variables in the case of the atypical client. One significant correlation which upheld an initial experimental hypothesis was that, for the atypical client, as the counselor's bias score increased, his/her perception of the client as significantly less well-adjusted also increased (there was virtually no correlation between the two variables for the atypical client).

As predicted, there was a positive correlation between client evaluation of counselor bias and actual counselor bias, which reached significance in the case of the typical client. Also as predicted, there was a negative correlation between the client's ability to be open with the counselor and the counselor's bias score. Finally, as client liking for the counselor increased, counselor behavioral bias decreased.

INSERT TABLE 8 ABOUT HERE

Anecdotal Data

Although conclusions drawn from anecdotal data cannot be generalized, nevertheless such data provide richness and informative illustrations. In a pilot study such as this, it is impossible to foresee ways of quantifying and coding all feelings and reactions of the persons involved. The usefulness of collecting such anecdotal data to tap these impressions lies in the potential for further refinement of the coding instrument, or some other means of quantification, so that in future studies, such subjective nuances may, in fact, be analyzed objectively.

Counselor impression questionnaire. (See Tables A-F for more specific information). Female counselors tended to see the client problem as both

INSERT TABLES A-F ABOUT HERE

vocational decision-making and involving questions of sex-role identity, expecially in the case of the atypical client. Male counselors tended to define the client's problem in more exclusively vocational terms.

In general, traditional therapeutic goals were set for the initial interview, although some of the female counselors also included "consciousness-raising" goals. In general, counselors employed traditional therapeutic techniques, although some female counselors also used "consciousness-raising" techniques, especially with atypical clients.

There was a positive reaction to both clients from both male and female counselors, although more females than males expressed positive reactions, and although the atypical client was liked more than the typical. The atypical client seemed to be liked for her "masculine" qualities. The typical client was both liked and disliked for her feminine qualities.

Female counselors saw the focus of future counseling as career guidance plus clarification of sex-role issues. This was especially true when they were dealing with the atypical client. Male counselors saw future counseling as focusing more exclusively on vocational decision-making.

Both clients were seen by both male and female counselors as being well-adjusted.

Post-interview client evaluation of counselor. Although clients seemed to like both male and female counselors, interesting differences in the type of liking expressed by clients for male and female counselors emerged (see Table G). Female counselors were liked because they were understanding and able to establish

INSERT TABLE G ABOUT HERE

rapport. Male counselors seemed to be liked for their sexual attractiveness and their ability to fulfill a sublimated "boyfriend" role.

In terms of bias, clients saw female counselors as actively supporting the atypical image, especially in the case of the atypical client; whereas male counselors were seen as biased or neutral (see Table H).

INSERT TABLE H ABOUT HERE

Raters' subjective impressions. (See Tables I-M for specific details.)

INSERT TABLES I-M ABOUT HERE

In general, raters did not seem to be struck by the overall "chauvinism" or "feminism" of counselor behavior, although the male rater saw twice as many female counselors as "liberating" as did the female rater. The raters tended to evaluate the counselors in terms of criteria generally valued in counseling: e.g., openness, sensitivity, supportiveness. Based on these criteria, male counselors were evaluated most positively when dealing with atypical clients, and most negatively when dealing with typical clients. The reverse pattern was true for female counselors.

Male counselors were seen as engaging in more clarifying, listening, and reflecting, while female counselors were seen as engaging in more interpreting, persuading, and liberating.

Male counselors tended to accept stereotypic client statements almost twice as often as did female counselors; while female counselors encouraged clients in an astereotypic direction about twice as often as did male counselors. Similarly, more than twice as many stereotypic as astereotypic statements were made by male counselors, while the reverse ratio characterized the female counselors.

DISCUSSION * IMPLICATIONS

Given the low levels of significance of much of the quantifiable data, the fact that several of the specific hypotheses of the study were contradicted, and the anecdotal quality of much of the data, it is unwise and unjustified to make sweeping conclusions. However, although most of the following interpretation of results is in the nature of a post hoc analysis, nevertheless, several areas emerge as worthy of further investigation.

First, although several specific hypotheses of the study were contradicted, this does not necessarily invalidate the larger assumptions on which the study was based. It is still possible to argue that the counseling process involves an element of role typification or socialization, and that the means by which this is effected is through differential counselor reinforcement and extinction of client verbal behavior. However, the findings of the present study suggest that the norms defining appropriate sex roles may be in rapid transition.

Differences in counselors' reactions to typical and atypical clients. When counselor behavioral responses to typical and atypical clients are compared, it appears that counselors did, in fact, exhibit differential behavior toward the two client roles. However, the direction of this finding was in direct contradiction to the stated hypothesis. Rather than encourage conformity in the atypical client, and nonconformity in the typical client, counselors exhibited more behavioral bias against the typical than against the atypical client. One post hoc explanation is that counselors seemed to have encouraged consistency in their clients' verbal behavior--whether in the typical or the atypical direction. Possibly it may have been more important to the counselors to conceptualize the client as a consistent entity (Festinger, 1961; Meehl, 1960), than to shape her to conform to a sex-role stereotype.

Also contrary to predictions was the finding that counselors reacted more positively to the atypical than to the typical client and also, according to both

client and rater perception, behaved more responsively and less biasedly with the atypical than with the typical client. These results, coupled with the surprising finding that counselors described the healthy, well-adjusted female as more masculine (instrumental) than the healthy, well-adjusted male, suggest that the traditional woman, whether in the particular (client assessment) or the abstract (responses to the sex-role inventory), is no longer valued by clinicians, at least as measured by counselor verbal report. On the contrary, the "liberated" client made a more positive impression than did the traditional client on the counselors, who subsequently incorporated many of the former's characteristics when describing their ideal woman.

Behavioral and attitudinal differences between male and female counselors. In this area, examination of the data suggests a synthesis of the two heuristic models presented in the opening sections of this paper. On the one hand, the quantifiable data tended to justify the hypothesis that female counselors would behave in a more "feminist" fashion (i.e., exhibiting less behavioral bias) than would male counselors. But, also according to the quantifiable data, female counselors emerged as more reinforcing and less extinguishing than male counselors, regardless of the client role or client cue sentence to which they were responding. Both questionnaire and anecdotal data created a picture of the female counselor as feminist, reacting more positively to the atypical than to the typical client, being more liked by the atypical than by the typical client, employing consciousness-raising techniques, setting consciousness-raising goals, actively encouraging aster-eotypic verbal behaviors on the part of the clients. Further, there was some anecdotal evidence to the effect that female counselors felt more positively, both toward the clients as a whole, and toward the atypical clients in particular, than did the male counselors. From this frame of reference, it is possible to tentatively conclude that the female counselors were better both at liberating the client from traditional sex stereotypes and at providing a generally supportive therapeutic atmosphere than were their male counterparts.

Differences in counselor response to the two client-confederates. While there were no important behavioral differences in the way the counselors responded to the two client-confederates, questionnaire data indicated that client-confederate 2 was seen less positively by the counselors than was client-confederate 1, but that, surprisingly, client-confederate 2 reacted more positively to the counselors than did client-confederate 1. If one assumes that the counselor rating of the relative adjustment of the two client-confederates was indeed accurate, then one may speculate that clients who are less well-adjusted may first, feel a need for counseling; and second, may develop the necessary expectations that therapy will be beneficial for them. The individual who has no significant problem may not need to evaluate the psychotherapeutic profession so highly. However, perhaps more important than this post hoc rationalization is the conclusion that, while individual differences may not be as important as role differences in terms of counselor behavior, in terms of counselor perception of client and client perception of counselor, they may be at least as important as the role characteristics of the client or the sex of the counselor.

Correlations between counselors' client perceptions, sex-role attitudes, and behavioral bias. Data from this study indicated that there was little relationship between a counselor's perception of the client, his/her sex-role attitudes, and his/her actual behavioral bias. From the correlations which did achieve significance, two conclusions seem warranted: 1) The more negatively a counselor reacted to a female client, the more biased he/she behaved. Thus, an overall negative reaction to a client may be an indicator of subsequent sex-typed reinforcement and extinction patterns on the part of the counselor. 2) The more a counselor defined an atypical client as maladjusted, the more biased he/she behaved toward her. Thus, the degree to which atypicality is perceived as maladjustment may be a good predictor of the extent to which a counselor will engage in sex-typed shaping behaviors.

Interestingly enough, client perception of counselors provided some fairly good predictors of counselor behavior bias. In general, the more positively clients evaluated a counselor, the less biased he/she behaved in the actual counseling setting. Conversely, clients reacted negatively to counselors whom they perceived to be confining them to a set of limited attitudinal and behavioral options. Thus client perception of counselor might be used as an indicator of counselor behavioral bias. Both counselor perception of client and client perception of counselor seemed to be somewhat better predictors of counselor behavioral bias than global assessment of counselors' sex-role attitudes.

Implications for Training

This study was originally undertaken with the motivation to make recommendations for improvements in the way counselor training programs currently prepare students to deal with the concerns of contemporary women. The ambiguity of the results makes recommendations seem somewhat premature. However, the study does suggest several points of which to be aware:

1. Counselors may have a tendency to shape clients in the direction of image consistency, regardless of whether or not this is in the clients' best interests. To be locked into any image, whether that of the traditional or the liberated woman, may be stifling to personal growth. Thus counselors should be encouraged to view individuals as composites of situation-specific behaviors (Mischel, 1968), and avoid molding them to suit their own quickly formulated expectations (Meehl, 1960).

2. There is every indication in this study that the time for consciousness-raising as a component of counselor training programs may be passed. Counselors who describe the healthy woman as even more masculine than the healthy man do not need to be convinced at the attitudinal level that it is acceptable for women to be assertive, independent, instrumental (traditionally masculine traits). Even when

interacting with an actual client who clearly deviates from the traditional sex-role norms, both male and female counselors reacted to her more positively and, according to client report, created a more desirable therapeutic atmosphere with her than with her traditional counterpart.

3. Paradoxically, this attitude shift suggests that, contrary to the assumptions of the women's liberation movement, the client who may most be the victim of therapy is not the "liberated" woman, but her more conventional sister. Apparently it is the traditional female client who is more likely to be devalued in the counseling process and more likely to be punished by counselors for statements which deviate from a narrow sex-role conformity. Thus counselors should pay particular attention to their interaction with typical female clients, to insure that they do not stifle their nonconforming impulses or encourage them in a direction which the counselors themselves judge to be limited and unappealing.

4. An area of potential importance for counselor training is the identification of behavioral differences between male and female counselors. The data suggested that male counselors may need special training in learning to identify sex-role-related concerns being expressed by the client; in being more reinforcing and supportive of astereotypical client statements; and in developing better empathy with clients of the opposite sex. Female counselors, on the other hand, may need a restraining influence to prevent them from indiscriminantly "liberating" all their clients.

SUMMARY AND DIRECTIONS FOR FURTHER RESEARCH

In summary, the results of this study, although inconclusive, suggest the following: Counselors may exhibit a tendency to shape the client toward a self-consistent image, thus behaving in a more biased fashion with the traditional than with the nontraditional female client. Further, the clinical norms which define the ideal woman seem to be changing, with the result that females

endorsing traditionally masculine characteristics are becoming positively valued by counselors. In terms of sex differences between male and female counselors, female counselors appear to be somewhat more reinforcing and less punishing with female clients than are male counselors. They may also be behaviorally less biased, and more actively encouraging of astereotypic client verbal behavior. Finally, neither counselor sex-role attitudes, counselor perception of client, or client perception of counselors provided entirely reliable indicators of actual counselor behavioral bias.

Two directions for further research seem worth exploring. First, because of the exploratory nature of the study, the above findings need to be replicated and extended. The current study focused on variables of counselor behavior; it assumed, but did not test, the long-range impact of counselor behavior on client attitudes and behavior. Therefore, in addition to retesting the above hypotheses in studies employing a larger N and a geographically more varied population, further studies should examine whether client verbal behavior was in fact shaped by counselor patterns of selective reinforcement and extinction. Further studies should also attempt to assess the relationship between client verbal behavior, client self-image, and actual client behavior in the natural environment.

The second focus of further research should aim at the development of intervention packages for application in counselor training programs. Neither the quantifiable nor the anecdotal results of this study justifies the global assumption that counseling oppresses women, or that men are incapable of effectively counseling women. However, they do suggest that in a counseling setting with a female client, it may be necessary to modify certain specific counselor behavior patterns in both male and female counselors in order to allow typical and atypical clients alike more freedom for personal growth and expression. For example, male counselors may need to learn to be more reinforcing of female nonconformity, female counselors less uniformly "liberating," and counselors

of both sexes, less eager to reinforce client verbal consistency. These and other alterations of counselor interaction style would facilitate counselor receptivity to the ultimate therapeutic goal of a client liberated from all role stereotypes.

FOOTNOTES

[1]Based as much as possible on the findings of current research, the typical client was defined by appearance (traditionally feminine), occupational choice (nurse), and verbal behavior (containing a majority of conforming statements). The atypical client was similarly defined by appearance (more masculine attire), occupational choice (engineer), and verbal behavior (containing a majority of nonconforming statements). BSRI data indicated that, in fact, the two roles were perceived differently, the atypical role being seen by counselors as significantly more masculine than the typical role ($t = 9.17$; $p < .0005$; $df = 12$).

[2]Conforming client statements contained self-descriptive adjectives and career goals which, based on the findings of previous research (Broverman et al., 1971; Bem, 1974; Spence, 1973), could be regarded as traditionally feminine, while nonconforming client statements contained self-descriptive adjectives and occupational goals which could be regarded as traditionally masculine.

[3]However, when counselors were divided into two groups, those who saw the healthy, well-adjusted female as androgynous or masculine, and those who saw the healthy, well-adjusted female as feminine, the first group exhibited less behavioral bias then did the second group for both typical and atypical clients.

APPENDIX A

TABLES SUMMARIZING QUANTIFIABLE DATA

TABLE 1

MEAN VALUES FOR COUNSELORS' BEHAVIORAL BIAS SCORES FOR TYPICAL AND ATYPICAL CLIENTS; MALE AND FEMALE COUNSELORS; AND CLIENT-CONFEDERATES 1 AND 2

CLIENT ROLE*	MEAN VALUE: COUNSELOR BEHAVIORAL BIAS SCORE
Typical	+0.57
Atypical	-0.57
COUNSELOR SEX	
Male	+1.49
Female	-1.45
CLIENT-CONFEDERATES	
Client-Confederate 1	+0.18
Client-Confederate 2	-0.17

*p = .025

TABLE 2

MEAN VALUES OF COUNSELOR RESPONSES TO CLIENT CUE SENTENCES FOR TYPICAL AND ATYPICAL CLIENTS

CATEGORIES OF COUNSELOR RESPONSES	MEAN VALUE TYPICAL	MEAN VALUE ATYPICAL
Verbal Reinforcement for Conforming Cue	1.28	1.34
Nonverbal Reinforcement for Conforming Cue*	2.10	1.83
Verbal Extinction for Conforming Cue	0.39	0.42
Nonverbal Extinction for Conforming Cue	0.21	0.17
Verbal Reinforcement for Nonconforming Cue	1.12	1.33
Nonverbal Reinforcement for Nonconforming Cue*	1.78	1.90
Verbal Extinction for Nonconforming Cue	0.42	0.40
Nonverbal Extinction for Nonconforming Cue*	0.25	0.12

Note: Each mean value represents the number of counselor statements made in response to each client cue sentence.

*p = .10

TABLE 3

MEAN VALUES OF MALE AND FEMALE COUNSELOR RESPONSES TO CLIENT CUE SENTENCES

CATEGORIES OF COUNSELOR RESPONSES	MEAN VALUE MALE COUNSELORS	MEAN VALUE FEMALE COUNSELORS
Verbal Reinforcement*	1.17	1.37
Nonverbal Reinforcement*	1.02	2.22
Verbal Extinction	0.43	0.39
Nonverbal Extinction**	0.26	0.11

Note: Each mean value represents the number of counselor statements made in response to each client cue sentence.

*p = .005

**p = .0005

TABLE 4

MEAN VALUES OF COUNSELORS' FAVORABLE/UNFAVORABLE REACTIONS TO TYPICAL AND ATYPICAL CLIENTS

MALE COUNSELORS	MEAN VALUES: COUNSELOR REACTION
Typical Client	5.73
Atypical Client	5.87
FEMALE COUNSELORS	
Typical Client	5.58
Atypical Client	5.95

Note: A higher numerical value indicates a more positive rating.

TABLE 5

MEAN VALUES FOR CLIENTS' AND RATERS'
FAVORABLE/UNFAVORABLE REACTIONS
TO MALE AND FEMALE COUNSELORS

CLIENTS		RATERS	
MALE COUNSELORS	MEAN VALUES: CLIENT REACTION	MALE COUNSELORS	MEAN VALUES: RATER REACTION
Typical Client	4.42	Typical Client	4.25
Atypical Client	4.92	Atypical Client	4.81
FEMALE COUNSELORS		FEMALE COUNSELORS	
Typical Client	5.50	Typical Client	4.81
Atypical Client	5.83	Atypical Client	5.25

Note: A higher numberical value indicates a more positive rating.

TABLE 6

MEAN VALUES OF COUNSELORS' FAVORABLE/UNFAVORABLE REACTIONS TO CLIENT-CONFEDERATES 1 AND 2

COUNSELORS	CLIENT-CONFEDERATES 1	2
Male	5.92	5.67
Female	5.85	5.67

Note: Higher numerical scores indicate a more positive reaction.

TABLE 7

MEAN VALUES OF CLIENTS' AND RATERS' FAVORABLE/UNFAVORABLE REACTIONS TO COUNSELORS ACCORDING TO INDIVIDUAL CLIENT-CONFEDERATE SEEN

CLIENTS	CLIENT-CONFEDERATES 1	2
Male Counselors	5.02	6.07
Female Counselors	6.65	6.95
RATERS		
Male Counselors	5.06	4.00
Female Counselors	4.81	5.25

Note: Higher numerical scores indicate a more positive reaction.

TABLE 8

CORRELATION OF COUNSELOR BEHAVIORAL BIAS SCORES WITH CLIENT PERCEPTION OF COUNSELOR AND COUNSELOR PERCEPTION OF CLIENT

	r VALUES	
	Typical Client	Atypical Client
CLIENT QUESTIONNAIRE		
Bias Rating of Counselor	+0.49*	+0.17
Ability to Be Open with Counselor	-0.32	-0.47*
Liking for Counselor	-0.59***	-0.32
COUNSELOR QUESTIONNAIRE		
Reaction to Client	-0.52**	-0.33
Assessment of Client Adjustment	+0.08	+0.48*

*p = .05

**p = .025

***p = .01

APPENDIX B

TABLES SUMMARIZING ANECDOTAL DATA

TABLE A

COUNSELOR STATEMENT OF CLIENT PROBLEM: TOTAL NUMBER OF COUNSELORS IN THE CATEGORIES OF CAREER-DECISION MAKING AND CAREER DECISION-MAKING + SEX-ROLE CONCERNS

CLIENT ROLE	COUNSELORS	
	Male	Female
Typical		
Career Decision-making	7	4
Career Decision-making + Sex-Role Concerns	1	4
Atypical		
Career Decision-making	7	2
Career Decision-making + Sex-Role Concerns	1	6

TABLE B

GOALS OF INITIAL INTERVIEW: TOTAL NUMBER OF COUNSELORS IN THE CATEGORIES OF TRADITIONAL GOALS AND CONSCIOUSNESS-RAISING GOALS

CLIENT ROLE	COUNSELORS	
	Male	Female
Typical		
Traditional Goals	8	7
Consciousness-raising Goals	0	1
Atypical		
Traditional Goals	8	6
Consciousness-raising Goals	0	2

TABLE C

MEANS OF REALIZING COUNSELING OBJECTIVES: TOTAL NUMBER OF COUNSELORS IN THE CATEGORIES OF USING TRADITIONAL COUNSELING SKILLS AND USING CONSCIOUSNESS-RAISING COUNSELING SKILLS

CLIENT ROLE	COUNSELORS	
	Male	Female
Typical		
Traditional Skills	8	7
Consciousness-raising Skills	0	1
Atypical		
Traditional Skills	8	5
Consciousness-raising Skills	0	3

TABLE D

COUNSELOR SUBJECTIVE IMPRESSIONS OF CLIENTS

CLIENT ROLE	COUNSELORS Male	Female
Typical		
+	3	7
0	3	0
-	2	1
Atypical		
+	5	7
0	2	1
-	1	0

Note: + = Description utilized positive, favorable words.
- = Description utilized negative, undesirable words.
0 = Description was neutral, containing few evaluative adjectives.

TABLE E

FOCUS OF FUTURE COUNSELING: NUMBER OF COUNSELORS IN THE CATEGORIES OF CAREER DECISION-MAKING AND CAREER DECISION-MAKING + SEX-ROLE CONCERNS

CLIENT ROLE	COUNSELORS Male	Female
Typical		
Career Decision-making	7	4
Career Decision-making + Sex-Role Concerns	1	4
Atypical		
Career Decision-making	7	2
Career Decision-making + Sex-Role Concerns	1	6

TABLE F

NATURE OF CLIENT ADJUSTMENT: NUMBER OF COUNSELORS WHO SAW CLIENTS AS HAVING SEX-ROLE PROBLEMS AND NUMBER OF COUNSELORS WHO CLASSIFIED THE CLIENTS AS HAVING OTHER PROBLEMS

CLIENT ROLE	COUNSELORS	
	Male	Female
Typical		
Sex-Role Problems	2	6
Other Problems	1	7
Atypical		
Sex-Role Problems	2	0
Other Problems	6	8

TABLE G

CLIENT LIKING FOR COUNSELOR

CLIENT ROLE	COUNSELOR[a] Male	Female
Typical		
+	6	5
-	2	2
Atypical		
+	4	6
-	2	2

[a]In each role, each client-confederate saw a total of 4 male and 4 female counselors. Thus there should be 8 ratings by the atypical client and 8 ratings by the typical client of the female counselors; and 8 ratings by the atypical client, and 8 ratings by the typical client of the male counselors. In cases where the total is less than eight, the discrepancy is due to blanks on the client evaluation forms.

Note: + = Liked counselor.

- = Disliked counselor.

TABLE H

EXAMPLES OF BIASED/NONBIASED COUNSELOR VERBAL BEHAVIOR ACCORDING TO CLIENT PERCEPTION

CLIENT ROLE	COUNSELORS Male	Female
Typical		
Negatively Biased	6	3
Neutral	2	1
Positively Biased	0	4
Atypical		
Negatively Biased	4	0
Neutral	3	2
Positively Biased	1	6

TABLE I

GENERAL IMPRESSIONS OF MALE AND FEMALE COUNSELORS ACCORDING TO TWO RATERS

COUNSELORS	CLIENT ROLE			
	Typical		Atypical	
	Chauvinist[a]	Liberated	Chauvinist	Liberated
Male				
Male Rater	2	0	1	0
Female Rater	2	0	2	1
Female				
Male Rater	0	3	0	3
Female Rater	0	3	0	2

Note: In each role, each client-confederate saw a total of 4 male and 4 female counselors. Thus there should be 8 ratings for the atypical client and 8 ratings for the typical client with female counselors; and 8 ratings for the atypical client and 8 ratings for the typical client with male counselors. However, in this case columns total less than eight because on the whole raters did not tend to describe the counselors according to these two categories.

[a]The use of the popular terms "chauvinistic" and "liberated" was prompted by the fact that these terms actually appeared in the raters' comments. As categories, "chauvinistic" refers to support for sex stereotypy in client verbal behavior, while "liberated" refers to support for client verbal behavior in an astereotypical direction.

TABLE J

RATER AGREEMENT ON COUNSELOR EVALUATIONS

COUNSELORS	CLIENT ROLE	
	Typical	Atypical
Male		
Male Rater	- - + - - - - -	- - + + + + - +
Female Rater	- - + + 0 - - -	- - - + 0 + 0 +
Female		
Male Rater	- + + - + - + +	- + - - - + - +
Female Rater	+ 0 - 0 + + + +	- - - - - - + + -

Note: + = Positive evaluation of counselor (socially desirable descriptive adjectives).

- = Negative evaluation of counselor (socially undesirable descriptive adjectives).

0 = Blank or neutral evaluation of counselor (no strongly positive or negative descriptive words).

TABLE K

PROCESS ANALYSIS OF THE COUNSELING INTERVIEW SESSIONS: TOTAL NUMBER OF COUNSELORS IN THE CATEGORIES REFLECTION AND INTERPRETATION

PROCESS CATEGORIES	COUNSELORS	
	Male	Female
Reflect, Listen, Clarify	10	3
Interpret, Liberate, Share Personal Experiences	4	12

Note: The rater was supposed to evaluate a total of 16 tapes for the female counselors and a total of 16 tapes for the male counselors. Scores totalling less than these figures are due to omissions on the rater evaluation forms.

TABLE L

PROCESS ANALYSIS OF THE COUNSELING INTERVIEW SESSIONS II:
NUMBER OF COUNSELORS WHO ACCEPTED SEX STEREOTYPES
AND NUMBER OF COUNSELORS WHO ENCOURAGED
SEX-ROLE NONCONFORMITY

COUNSELORS	ACCEPT STEREOTYPES	ACCEPT/REJECT STEREOTYPES	ENCOURAGE SEX-ROLE NONCONFORMITY
Male			
Typical Role	3	2	1
Atypical Role	2	2	2
Female			
Typical Role	1	1	1
Atypical Role	1	2	6

Note: The rater should have evaluated a total of 16 tapes for the female counselors and a total of 16 tapes for the male counselors. Scores totalling less than these figures are due to omissions on the rater evaluation forms.

TABLE M

AMOUNT OF STEREOTYPICAL/ASTEREOTYPICAL COMMENTS
MADE BY MALE AND FEMALE COUNSELORS

COMMENTS * RATERS COMBINED	COUNSELORS	
	Male	Female
Stereotypical	36	13
Astereotypical	31	14

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